1. **Elected Officer or CPUC Member** (Last name, First name)
   - Mayor Sam Liccardo

2. **Agency Name**
   - City of San Jose

3. **Agency Street Address**
   - 200 E. Santa Clara, San Jose, CA, 95113

4. **Designated Contact Person** (Name and title, if different)
   - Henry Smith

5. **Area Code/Phone Number**
   - E-mail (Optional)
   - henry.smith@sanjoseca.gov

2. **Payor Information** *(For additional payors, include an attachment with the names and addresses.)*
   - John Eudy
     - Name: 925 E. Meadow Dr.
     - City: Palo Alto
     - State: CA
     - Zip Code: 94303

3. **Payee Information** *(For additional payees, include an attachment with the names and addresses.)*
   - Silicon Valley Chamber of Commerce
     - Name: 101 W Santa Clara St
     - City: San Jose
     - State: CA
     - Zip Code: 95113

4. **Payment Information** *(Complete all information.)*
   - Date of Payment: 03/05/15
   - Amount of Payment: (In-Kind FMV) $10,000
   - Payment Type: ☑ Monetary Donation
     - Brief Description of In-Kind Payment:
   - Purpose: (Check one and provide description below.)
     - ☑ Charitable
     - Describe the legislative, governmental, charitable purpose, or event: 3/5/15 Chamber of Commerce Event

5. **Amendment Description and/or Comments**

6. **Verification**
   - I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

   Executed on 12/3/20

   By

   SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FPPC Form 803 (January/2018)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)